



11-13-03

1634\$

Express Mail No. EV336613365US

<b>TRANSMITTAL FORM</b>  (To be used for all correspondence after initial filing)	Application Number	09/801,196
	Filing Date	March 6, 2001
	First Named Inventor	Kai Wang
	Art Unit	1634
	Examiner Name	SOUAYA, Jehanne E.
	Attorney Docket No.	240083.509

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<u>Exhibit A – Invention Disclosure</u>
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		<u>Exhibit B – Employment Agreement</u>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Mae Joanne Rosok Reg. No. 48,903	Customer Number 00500
Signature	<i>Mae Joanne Rosok</i>	
Date	<i>November 12, 2003</i>	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
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